



## State of New Jersey

OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS

JAMES E. MCGREEVEY  
*Governor*

FIRE ALARM, BURGLAR ALARM AND LOCKSMITH ADVISORY COMMITTEE  
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

PETER C. HARVEY  
*Attorney General*  
RENI ERDOS  
*Director*

### **IMPORTANT**

*Mailing Address:*

P.O. Box 45042  
Newark, NJ 07101  
(973) 504-6245

**To:** Applicant

**From:** Fire Alarm, Burglar Alarm &  
Locksmith Advisory Committee

**Re:** **Certification and Authorization Form**

The Division of Consumer Affairs is required to conduct criminal history record background checks of all applicants for burglar alarm, fire alarm and locksmith licensure (N.J.S.A. 45:5A-26 and 35). In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to:

**Fire Alarm, Burglar Alarm and Locksmith Advisory Committee**  
**PO Box 45042**  
**Newark, New Jersey 07101**

Upon receipt of a completed application form and the Certification and Authorization Form, the Board will forward to you information you will need to schedule an appointment to have your fingerprints electronically recorded by Sagem Morpho, Inc. The recording of your fingerprints is necessary to conduct the criminal history record background check. Please note that you will be required to pay a \$78.00 fee to Sagem Morpho; **do not** send this fee when returning your form to the address above.

Enclosure

**Official Use Only**

License Type  
\_\_\_\_\_

Applicant's Number  
\_\_\_\_\_



**State of New Jersey**  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS  
FIRE ALARM, BURGLAR ALARM AND LOCKSMITH ADVISORY COMMITTEE  
P.O. Box 45042  
NEWARK, NEW JERSEY 07101  
(973) 504-6245

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form and sign it in the presence of a notary.

- ☐ Mr.  
☐ Mrs.  
☐ Ms.
1. Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Maiden Name
2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code
3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female  
Month Day Year
4. Social Security number \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Have you ever been convicted of a crime or an offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

**Every such conviction on record must be disclosed.** A true copy of every judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

## AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: \_\_\_\_\_  
County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**